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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
MIDDLE DISTRICT OF NORTH CAROLINA	-	
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's	Nancy First name	_	First name
	license or passport).	Middle name	_	Middle name
	Bring your picture identification to your meeting with the trustee.	Hoffman Last name and Suffix (Sr., Jr., II, III)		Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	,		
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-9038		

Debtor 1 Nancy Hoffman

Case number (if known)

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs
Where you live		If Debtor 2 lives at a different address:
where you live	4960 Thales Road, Apt. I Winston Salem, NC 27104 Number, Street, City, State & ZIP Code Forsyth County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)
	Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names Where you live Why you are choosing this district to file for	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names Business name(s) Business name(s) Business name(s) Business name(s) Business name(s) Business name or EINs. Business name or Eins.

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Case number (if known)

7.	The chapter of the Bankruptcy Code you are choosing to file under	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.					
		■ Chapte	er 7				
		☐ Chapte	er 11				
		☐ Chapte	er 12				
		☐ Chapte	er 13				
8.	How you will pay the fee	abo orde	ut how yo	u may pay. Typically attorney is submitting	if you are paying the fee yo	k with the clerk's office in your local court for mor urself, you may pay with cash, cashier's check, c alf, your attorney may pay with a credit card or ch	or money
						on, sign and attach the Application for Individuals	to Pay
		☐ I red	quest that is not req	uired to, waive your fo	You may request this option ee, and may do so only if yo	n only if you are filing for Chapter 7. By law, a jud ur income is less than 150% of the official povert	y line that
						ninstallments). If you choose this option, you must ial Form 103B) and file it with your petition.	st fill out
9.	Have you filed for bankruptcy within the last 8 years?	■ No.					
	•		District		When	Case number	
			District		When	Case number	
			District		When	Case number	
10.	Are any bankruptcy cases pending or being	■ No					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.					
			Debtor	-		Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your residence?	□ No.	Go to I	ne 12.			
		Yes.	Has yo		an eviction judgment agains	t you?	
				No. Go to line 12.			
				Yes. Fill out Initial Sa	tatement About an Eviction .	Iudgment Against You (Form 101A) and file it wit	h this

Debtor 1 Nancy Hoffman

Deb	otor 1 Nancy Hoffman			Case number (if known)
Dor	A 21 Depart About Any Bu		You Own as a Sole Propri	
Par	Report About Any Bu	usinesses	Tou Own as a Sole Propri	etoi
12.	Are you a sole proprietor of any full- or part-time business?	■ No.		
		☐ Yes.	usiness	
A sole proprietorship is a				
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any	
	If you have more than one sole proprietorship, use a		Number, Street, City, St	ate & ZIP Code
	separate sheet and attach it to this petition.		Check the appropriate b	ox to describe your business:
				iness (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.0			al Estate (as defined in 11 U.S.C. § 101(51B))	
			☐ Stockbroker (as	defined in 11 U.S.C. § 101(53A))
			☐ Commodity Brok	ser (as defined in 11 U.S.C. § 101(6))
			☐ None of the above	ve
	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small			e a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapte Code.	r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am filing under Chapte	r 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	r Have Any	/ Hazardous Property or A	ny Property That Needs Immediate Attention
14.	Do you own or have any	■ No.		
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is the hazard?	
	public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs		Where is the property?	
	urgent repairs?			Number Street City State 9 7in Code
				Number, Street, City, State & Zip Code

Debtor 1 Nancy Hoffman Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	Debtor 1 Nancy Hoffman			Case num	Case number (if known)		
Par	t 6: Answer These Quest	ions for R	eporting Purposes				
16.	What kind of debts do you have?	16a.		y consumer debts? Consumer debts are depersonal, family, or household purpose."	efined in 11 U.S.C. § 101(8) as "incurred by an		
			☐ No. Go to line 16b.				
			Yes. Go to line 17.				
		16b.		y business debts? Business debts are debinvestment or through the operation of the bu			
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts yo	ou owe that are not consumer debts or busin	ess debts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Cha	pter 7. Go to line 18.			
	Do you estimate that after any exempt property is excluded and	■ Yes.		7. Do you estimate that after any exempt proe available to distribute to unsecured creditor	operty is excluded and administrative expenses rs?		
	administrative expenses		■ No				
	are paid that funds will be available for		□Yes				
	distribution to unsecured creditors?						
18.	How many Creditors do	1 -49		□ 1,000-5,000	□ 25,001-50,000		
	you estimate that you owe?	☐ 50-99)	5001-10,000	☐ 50,001-100,000		
		□ 100-1 □ 200-9		□ 10,001-25,000	☐ More than100,000		
19.	How much do you ■ \$0 - \$		\$50,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion		
	estimate your assets to be worth?		001 - \$100,000	□ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion		
	be worth:	□ \$100	,001 - \$500,000	□ \$50,000,001 - \$100 million	☐ \$10,000,000,001 - \$50 billion		
		□ \$500	,001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion		
20.	How much do you	\$0 - \$	\$50,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion		
	estimate your liabilities to be?		001 - \$100,000	☐ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion		
			,001 - \$500,000	□ \$50,000,001 - \$100 million	☐ \$10,000,000,001 - \$50 billion		
		□ \$500	,001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion		
Par	t7: Sign Below						
For	you	I have ex	xamined this petition, and I	declare under penalty of perjury that the info	ormation provided is true and correct.		
				er 7, I am aware that I may proceed, if eligible he relief available under each chapter, and I			
				did not pay or agree to pay someone who is did the notice required by 11 U.S.C. § 342(b).	not an attorney to help me fill out this		
		I reques	t relief in accordance with t	he chapter of title 11, United States Code, sp	pecified in this petition.		
		bankrup and 357	tcy case can result in fines	nent, concealing property, or obtaining money up to \$250,000, or imprisonment for up to 20	y or property by fraud in connection with a 3 years, or both. 18 U.S.C. §§ 152, 1341, 1519,		
		Nancy I	Hoffman e of Debtor 1	Signature of Deb	otor 2		
		Execute	d on 02/01/2018	Executed on			
			MM / DD / YYYY	N	MM / DD / YYYY		

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Debtor 1	Nancy Hoffman	Case number (if known)	
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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Wendell "Wes" Schollander, III Signature of Attorney for Debtor	Date	02/01/2018 MM / DD / YYYY
Wendell "Wes" Schollander, III NC28062 Printed name		
Schollander Law Offices Firm name		
2000 W. First Street, Suite 308 Winston-Salem, NC 27104		
Number, Street, City, State & ZIP Code Contact phone 336-727-0900	Email address	schollanderlaw@bellsouth.net
NC28062 NC Bar number & State		

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Middle District of North Carolina

In re	Nancy Hoffman		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPENSAT	TION OF ATTORN	EY FOR DE	EBTOR(S)	
C	ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I ce ompensation paid to me within one year before the filing of the erendered on behalf of the debtor(s) in contemplation of or in	e petition in bankruptcy, or a	greed to be paid	to me, for services rendered	or to
	For legal services, I have agreed to accept		\$	1,365.00	
	Prior to the filing of this statement I have received		\$	1,365.00	
	Balance Due		\$	0.00	
2. \$	335.00 of the filing fee has been paid.				
3. T	he source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4. T	he source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5. I	I have not agreed to share the above-disclosed compensation	n with any other person unle	ess they are members	bers and associates of my law	v firm.
[I have agreed to share the above-disclosed compensation wi copy of the agreement, together with a list of the names of t				. A
6. I	n return for the above-disclosed fee, I have agreed to render le	gal service for all aspects of	the bankruptcy c	ase, including:	
b c.	Analysis of the debtor's financial situation, and rendering ad Preparation and filing of any petition, schedules, statement of Representation of the debtor at the meeting of creditors and of [Other provisions as needed] NONE	of affairs and plan which may	y be required;		
7. B	y agreement with the debtor(s), the above-disclosed fee does not also that the first creditors meeting case. Representation of Debtor(s) in any other mexemptions or values; certificates of discharge; juproceedings; and amendments to the original filing.	for Chapter 7 a case or the atters, specifically but not dicial lien avoidances; reli	hrough the life of limited to: any ef from stay ac	objections to discharge or tions; any other adversary	r
	CER	TIFICATION			-
	certify that the foregoing is a complete statement of any agree nkruptcy proceeding.	ment or arrangement for pay	ment to me for re	epresentation of the debtor(s)	in
02	/01/2018	/s/ Wendell "Wes" Sch	ollander, III		
Da		Wendell "Wes" Scholla		062	
		Signature of Attorney Schollander Law Office			
		2000 W. First Street, S			
		Winston-Salem, NC 27			
		336-727-0900 schollanderlaw@bellse	outh net		
		Name of law firm	outri.riet		
		<i>J J</i>			

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Fill in this infor				
	mation to identify your case	and this filing:		
Debtor 1	Nancy Hoffman First Name	Middle Name Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name Last Name		
United States Ba	ankruptcy Court for the: MIDE	DLE DISTRICT OF NORTH CAROLINA		
Case number				☐ Check if this is an
				amended filing
0/// 1 1 5	1001/5			
	orm 106A/B			
Schedul	e A/B: Propert	у		12/15
think it fits best. E	Be as complete and accurate as pre- re space is needed, attach a sepa	s. List an asset only once. If an asset fits in more than on lossible. If two married people are filing together, both are trate sheet to this form. On the top of any additional page	e equally responsible for su	pplying correct
Part 1: Describe	Each Residence, Building, Land	, or Other Real Estate You Own or Have an Interest In		
1. Do you own or	have any legal or equitable intere	est in any residence, building, land, or similar property?		
■ No. Go to Pa	rt 2			
Yes. Where				
Part 2: Describe	Your Vehicles			
3. Cars, vans, tr□ No■ Yes	ucks, tractors, sport utility vo	ehicles, motorcycles		
3.1 Make:	Ford	Who has an interest in the property? Check one	Do not deduct secured cla	
Model:	Escape SE AWD	Debtor 1 only	Creditors Who Have Clair	
-	2014	Debtor 2 only	Current value of the	Current value of the
Approxima Other infor		☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	portion you own?
	DA Clean Retail	At least one of the debtors and another	#45.040.00	0.5.0.0.0.0
		Check if this is community property (see instructions)	\$15,210.00	\$15,210.00
Examples: Boa No Yes Add the dolla pages you ha Part 3: Describe	ats, trailers, motors, personal was, trailers, motors, personal was value of the portion you over attached for Part 2. Write	nd other recreational vehicles, other vehicles, and attercraft, fishing vessels, snowmobiles, motorcycle active for all of your entries from Part 2, including any that number heretems tems hterest in any of the following items?	v entries for	\$15,210.00 Current value of the portion you own?
6 Household a	oods and furnishings			Do not deduct secured claims or exemptions.

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

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Debtor 1	Nancy Hoffm	an	Case number (if known)	
■ Yes	. Describe			
		Appliances, kitchenware		\$165.00
				• • • • • • • • • • • • • • • • • • • •
		Furniture/furnishings		\$180.00
		Cds DVDs/videos, knick knacks, pics., books		\$30.00
□No	oles: Televisions a	and radios; audio, video, stereo, and digital equipment; comp l phones, cameras, media players, games	uters, printers, scanners; music collect	tions; electronic devices
		Electronics, computer system		\$105.00
e Equipn	. Describe	ographic, exercise, and other hobby equipment; bicycles, poo	ol tables, golf clubs, skis; canoes and k	ayaks; carpentry tools;
□ No ■ Yes	. Describe			
		Camera		\$10.00
■ No □ Yes 11. Clothe Exam □ No	nples: Pistols, rifle . Describe es	s, shotguns, ammunition, and related equipment othes, furs, leather coats, designer wear, shoes, accessories	3	
		Clothing and personal effects		\$150.00
□ No	Iry nples: Everyday je Describe	welry, costume jewelry, engagement rings, wedding rings, h	eirloom jewelry, watches, gems, gold,	silver
		Jewelry, watch(es)		\$70.00
Exam □ No -	arm animals nples: Dogs, cats,	birds, horses		
		Pets: 2 cats		\$0.00

Official Form 106A/B Schedule A/B: Property

page 2

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De	ebtor 1	Nancy Hoffma	ın			Case num	ber (if known)	
14.	■ No	•		•	did not a	Iready list, including any health aids you d	lid not list	
	⊔ Yes.	Give specific info	rmation					
15						including any entries for pages you have	attached	\$710.00
Pa	rt 4: De	escribe Your Financ	ial Asse	ts				
Do	o you o	wn or have any le	gal or e	equitable intere	st in any	of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	■ No	ples: Money you h		•		n a safe deposit box, and on hand when you f	file your petition	on
17.						certificates of deposit; shares in credit unions the same institution, list each.	s, brokerage h	nouses, and other similar
	_					Institution name:		
			17.1.	Checking/sa	vings	Allegacy Federal Credit Union		\$1,455.00
			17.2.	Savings		Affinity Federal Credit Union		\$30.00
18.		s, mutual funds, o <i>ples:</i> Bond funds, i				ge firms, money market accounts		
	■ No			Institution or iss	uer name			
19.		ublicly traded sto venture	ck and	interests in inc	orporate	d and unincorporated businesses, includir	ng an interes	t in an LLC, partnership, and
		Give specific info		about them me of entity:		% of own	ership:	
20.	Negot Non-ri ■ No	tiable instruments i negotiable instrume	nclude ents are	personal checks those you canno	, cashiers	e and non-negotiable instruments checks, promissory notes, and money orders to someone by signing or delivering them.	S.	
	⊔ Yes.	Give specific infor		about them uer name:				
21.		ment or pension a ples: Interests in IF			(k), 403(b)	, thrift savings accounts, or other pension or p	orofit-sharing	plans
	☐ Yes.	List each account		tely. of account:		Institution name:		
22.	Your s		l deposi	ts you have mad		you may continue service or use from a comp c utilities (electric, gas, water), telecommunica		iies, or others
	□ No ■ Yes.					Institution name or individual:		
			Rent	al deposit		Apartment deposit		\$50.00

Official Form 106A/B Schedule A/B: Property page 3

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De	ebtor 1	Nancy Hoffman		Case number (if known)	
23.	Annuitie	es (A contract for a per	riodic payment of money to you, eithe	r for life or for a number of years)	
	■ No □ Yes	lssuer na	ame and description.		
24.	26 U.S.C	s in an education IRA 5. §§ 530(b)(1), 529A(b		program, or under a qualified state tuition progra	nm.
	■ No □ Yes	Institutio	n name and description. Separately fil	le the records of any interests.11 U.S.C. § 521(c):	
25.	Trusts,	equitable or future in	terests in property (other than anyt	thing listed in line 1), and rights or powers exerci	sable for your benefit
		Give specific information	on about them		
26.			arks, trade secrets, and other inteller imes, websites, proceeds from royaltie		
	☐ Yes. (Give specific information	on about them		
27.	Exampl ■ No		. ,	ation holdings, liquor licenses, professional licenses	
B.A					Current value of the
IVI	oney or p	roperty owed to you'	'		portion you own? Do not deduct secured claims or exemptions.
28.	Tax refu	ınds owed to you			
	■ No	·			
	☐ Yes. 0	Give specific informatio	on about them, including whether you	already filed the returns and the tax years	
29.	Family s Example ■ No		sum alimony, spousal support, child su	upport, maintenance, divorce settlement, property se	itlement
	☐ Yes. 0	Give specific informatio	n		
30.	Exampl		•	benefits, sick pay, vacation pay, workers' compensa	tion, Social Security
	■ No □ Yes.	Give specific information	on		
31.	Exampl	s in insurance policie les: Health, disability, c		int (HSA); credit, homeowner's, or renter's insurance	
	■ No	Jame the insurance co	mpany of each policy and list its value		
	— 100.1		Company name:	Beneficiary:	Surrender or refund value:
32.	If you a		is due you from someone who has living trust, expect proceeds from a life	died e insurance policy, or are currently entitled to receive	property because
	■ No □ Yes.	Give specific information	on		
33.				vsuit or made a demand for payment	
	Example No	es: Accidents, employi	ment disputes, insurance claims, or rig	gnts to sue	
		Describe each claim			

Official Form 106A/B Schedule A/B: Property page 4

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Deb	otor 1	Nancy Hoffman		Case number (if known)	
34.	Other c	ontingent and unliquidated claims of every nature, inclu	ıding counterclaims o	of the debtor and rights to se	t off claims
	No				
	☐ Yes.	Describe each claim			
35.	Any fin	ancial assets you did not already list			
	No				
L	☐ Yes.	Give specific information			
36.		ne dollar value of all of your entries from Part 4, includir rt 4. Write that number here			\$1,535.00
Part	5: Des	cribe Any Business-Related Property You Own or Have an Inte	rest In. List any real esta	ite in Part 1.	
37. [Do you o	wn or have any legal or equitable interest in any business-relat	ed property?		
	No. Go	to Part 6.			
	Yes. G	o to line 38.			
Part		cribe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
	_				
46.		own or have any legal or equitable interest in any farm- Go to Part 7.	or commercial fishin	ig-related property?	
	_	Go to line 47.			
	L res.	Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That You	u Did Not List Above		
53.		have other property of any kind you did not already list les: Season tickets, country club membership	?		
	No				
L	☐ Yes. (Give specific information			
54.	Add tl	ne dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$0.00
56.	Part 2	: Total vehicles, line 5	\$15,210.00		
57.	Part 3	: Total personal and household items, line 15	\$710.00		
58.		: Total financial assets, line 36	\$1,535.00		
59.		: Total business-related property, line 45	\$0.00		
60.		: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$17,455.00	Copy personal property total	\$17,455.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$17,455.00

Official Form 106A/B Schedule A/B: Property page 5

91C (09/13)

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF NORTH CAROLINA

In the Matter of: Nancy Hoffman)	Case No.			
)	DEBTOR'S CLA	IM FOR PRO	PERTY EXEMI	PTIONS
	Debtor.)				
(, Nancy Hoffman, the undersigned del (B), and (C), the Laws of the State of No Check if the debtor claidebtor or a dependent of the REAL OR PERSONAL PRO	rth Carolina, and ms as exempt and de debtor uses as	l non-bankrupt y amount of in a residence.	cy federal law. terest that exceed	ds \$125,000 ii	n value in prope	erty that the
BURIAL PLOT. (NCGS 1C-16		DEDIOR	OR DEDICAL S	DEI EI (DEI		Errez or
Select appropriate exemption ar	nount below:					
Total net value not to e		~ 1.				
Total net value not to e owned by debtor as ter deceased.)						
Description of	Market	Mtg. Holder	or Lien	A	mt. Mtg.	Net
Property & Address -NONE-	Value	Holder(s)			or Lien	Value
(a) Total Net	Value					0.00
Total Net Ex				\$		0.00
	ortion of exempt			\$	5	5,000.00
			l and used to cla	im		
	in any property	owned by the	debtor. (NCGS			
1C-1601(a)(2 2. TENANCY BY THE ENTIRE		vin a muanantri is	alaimad aa aran	net enganoet t	11 II C C & 5	22(h)(2)(D) and
the laws of the State of North C					.0 11 U.S.C. § 3	22(0)(3)(b) and
Description of	Market	Mtg. Holder	•	•	mt. Mtg.	Net
Property & Address -NONE-	Value	Holder(s)			or Lien	Value
B. MOTOR VEHICLE. (NCGS 1 exempt not to exceed \$3,500.)	C-1601(a)(3).	Only one vehic	le allowed under	this paragrap	h with net value	e claimed as
Year, Make,	Market	T 2 TT -1 J	(-)		4 T !	Net
Model of Auto	Value	Lien Holder			mt. Lien	Value
2014 Ford Escape SE AWD	15,210.00	Ally Financia	\$	3,500	19,850.00	0.00
(a) Statutory allowance(b) Amount from 1 (b) above to be used	l in this naraorar	ıh	Φ	3,300		
(A part or all of 1 (b) may be used a		·11.	\$			
(repaire or an or r (e) may be about	,	let Exemption	\$	0.00		
4. TOOLS OF TRADE, IMPLE			L BOOKS. (N	CGS 1C-1601	1(a)(5). Used b	y debtor or
debtor's dependent. Total net va		claimed as exe	mpt not to excee	d \$2,000.)		
Demonstrations	Market	T 2 TT -1 J	(-)		T.:	Net
Description	Value	Lien Holder	(S)	A	mt. Lien	Value
-NONE-						
(a) Statutory allowance			\$	2,000		
(b) Amount from 1 (b) above to be used	l in this paragran	h.	¥	2,000		
(A part or all of 1 (b) may be used a			\$			
- · · · · · · ·		let Exemption	\$	0.00		

91C (09/13)

5. **PERSONAL PROPERTY USED FOR HOUSEHOLD OR PERSONAL PURPOSES NEEDED BY DEBTOR OR DEBTOR'S DEPENDENTS.** (NCGS 1C-1601(a)(4). Debtor's aggregate interest, not to exceed \$5,000 in value for the debtor plus \$1,000 for each dependent of the debtor, not to exceed \$4,000 total for dependents.)

		Market			Net
A nnli	iption	Value	Lien Holder(s)	Amt. Lien	Value
	inces, kitchenware	165.00			165.00
Came		10.00			10.00
	VDs/videos, knick knacks,	30.00			30.00
	books	150.00			150.00
	ng and personal effects onics, computer system	105.00			105.00
	ure/furnishings	180.00			180.00
	ry, watch(es)	70.00			70.00
Jewei	y, wateri(es)	70.00			70.00
	atutory allowance for debtor		\$	Total Net Value5,000	710.00
	tatutory allowance for debtor's de		ependents at	0.00	
	0 each (not to exceed \$4,000 tota			0.00	
	mount from 1(b) above to be used		1.		
(.	A part or all of 1 (b) may be used	as needed.)		Total Nat Examplian	710.00
6.	LIFE INSURANCE. (As prov	yidad in Articla V	Section 5 of North Carolin	Total Net Exemption	710.00
0.	Name of Insurance Company\F				
	-NONE-	oney 140. (14ame c	insured a oney Date a vani	ie of Beneficially	
7.		CRIBED HEALT	TH AIDS (FOR DEBTOR	OR DEBTOR'S DEPENDENTS	S), (NCGS
	1C-1601(a)(7). No limit on va		,		-). (
	Description:		,		
	-NONÉ-				
8.	DEBTOR'S RIGHT TO REC	CEIVE FOLLOV	VING COMPENSATION	: (NCGS 1C-1601(a)(8) No limit	t on number or
				(1100B 10 1001(u)(0): 110 mm	t on number of
	amount.)				
	A. \$NONE Comp	pensation for perso	onal injury to debtor or to p	erson whom debtor was dependen	
	A. \$ -NONE- Comp B. \$ -NONE- Comp	pensation for perso pensation for death	onal injury to debtor or to p	person whom debtor was dependent was dependent for support.	
	A. \$ -NONE- Comp B. \$ -NONE- Comp C. \$ -NONE- Comp	pensation for perso pensation for death pensation from pri-	onal injury to debtor or to p n of person of whom debtor vate disability policies or a	person whom debtor was dependent was dependent for support. nnuities.	t for support.
9.	A. \$ -NONE- Comp B. \$ -NONE- Comp C. \$ -NONE- Comp INDIVIDUAL RETIREMEN	pensation for person pensation for death pensation from privally NT PLANS AS DI	onal injury to debtor or to p n of person of whom debtor vate disability policies or a EFINED IN THE INTER	person whom debtor was dependent was dependent for support. nnuities. NAL REVENUE CODE AND A	it for support.
9.	A. \$ -NONE- Comp B. \$ -NONE- Comp C. \$ -NONE- Comp INDIVIDUAL RETIREMEN TREATED IN THE SAME N	pensation for personantion for death pensation from privIT PLANS AS DI MANNER AS AN	onal injury to debtor or to p n of person of whom debtor vate disability policies or a EFINED IN THE INTER INDIVIDUAL RETIRE	erson whom debtor was dependent was dependent for support. nnuities. NAL REVENUE CODE AND A MENT PLAN UNDER THE INT	NY PLAN FERNAL
9.	A. \$ -NONE- Comp B. \$ -NONE- Comp C. \$ -NONE- Comp INDIVIDUAL RETIREMEN TREATED IN THE SAME N REVENUE CODE. (NCGS)	pensation for personantion for death pensation from print PLANS AS DI MANNER AS AN IC-1601(a)(9). No	onal injury to debtor or to p n of person of whom debtor vate disability policies or a EFINED IN THE INTER INDIVIDUAL RETIRE	person whom debtor was dependent was dependent for support. nnuities. NAL REVENUE CODE AND A	NY PLAN FERNAL
9.	A. \$NONE- B. \$NONE- C. \$NONE- INDIVIDUAL RETIREMEN TREATED IN THE SAME N REVENUE CODE. (NCGS I DEFINED IN 11 U.S.C. § 522	pensation for personantion for death pensation from print PLANS AS DI MANNER AS AN IC-1601(a)(9). No	onal injury to debtor or to p n of person of whom debtor vate disability policies or a EFINED IN THE INTER INDIVIDUAL RETIRE	person whom debtor was dependent was dependent for support. Innuities. INAL REVENUE CODE AND A MENT PLAN UNDER THE INT. Int.) AND OTHER RETIREMEN	NY PLAN FERNAL T FUNDS
9.	A. \$NONE B. \$NONE C. \$NONE INDIVIDUAL RETIREMENT TREATED IN THE SAME NEVENUE CODE. (NCGS) DEFINED IN 11 U.S.C. § 522 Detailed Description	pensation for personantion for death pensation from print PLANS AS DI MANNER AS AN IC-1601(a)(9). No	onal injury to debtor or to p n of person of whom debtor vate disability policies or a EFINED IN THE INTER INDIVIDUAL RETIRE	erson whom debtor was dependent was dependent for support. nnuities. NAL REVENUE CODE AND A MENT PLAN UNDER THE INT	NY PLAN FERNAL T FUNDS
	A. \$NONE- B. \$NONE- C. \$NONE- INDIVIDUAL RETIREMENTE TREATED IN THE SAME NEVENUE CODE. (NCGS) DEFINED IN 11 U.S.C. § 522 Detailed Description	pensation for personensation for death pensation from private PLANS AS DI MANNER AS AN 1C-1601(a)(9). No 2(b)(3)(c).	onal injury to debtor or to person of whom debtor vate disability policies or a EFINED IN THE INTER INDIVIDUAL RETIRE to limit on number or amounts.	verson whom debtor was dependent was dependent for support. Innuities. INAL REVENUE CODE AND A MENT PLAN UNDER THE INT. Int.) AND OTHER RETIREMENT Valu	NY PLAN FERNAL T FUNDS
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	A. \$NONE B. \$NONE C. \$NONE INDIVIDUAL RETIREMENT TREATED IN THE SAME NOWE- REVENUE CODE. (NCGS 1) DEFINED IN 11 U.S.C. \$ 522 Detailed Description -NONE- COLLEGE SAVINGS PLAN (NCGS 1C-1601(a)(10). Total plan within the preceding 12 m	pensation for personensation for death pensation from private PLANS AS DIMANNER AS AN IC-1601(a)(9). No 2(b)(3)(c).	onal injury to debtor or to per of person of whom debtor vate disability policies or a EFINED IN THE INTER INDIVIDUAL RETIRE to limit on number or amountable UNDER SECTION 529 Of exceed \$25,000 and may not ordinary course of the debto	verson whom debtor was dependent was dependent for support. Innuities. NAL REVENUE CODE AND A MENT PLAN UNDER THE INTEL. MAL AND OTHER RETIREMENT ValuE OF THE INTERNAL REVENUE of include any funds placed in a colur's financial affairs. This exemption	NY PLAN FERNAL OT FUNDS THE THE THE THE THE THE THE TH
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10.11.	A. \$NONE B. \$NONE C. \$NONE C. \$NONE INDIVIDUAL RETIREMENT TREATED IN THE SAME IN REVENUE CODE. (NCGS INCEPTION IN 11 U.S.C. § 522 Detailed Description -NONE COLLEGE SAVINGS PLAN (NCGS 1C-1601(a)(10). Total plan within the preceding 12 m to the extent that the funds are expenses.) Detailed Description -NONE RETIREMENT BENEFITS UNITS OF OTHER STATES THAT STATE OR GOVERN Description: -NONE ALIMONY, SUPPORT, SER	pensation for personensation for death pensation from privite PLANS AS DIMANNER AS AN IC-1601(a)(9). No 2(b)(3)(c). NS QUALIFIED In the value not to enonths not in the offor a child of the company of the pensation of the	onal injury to debtor or to per of person of whom debtor vate disability policies or a EFINED IN THE INTER INDIVIDUAL RETIRE to limit on number or amount of the debtor and will actually be REMENT PLAN OF OTENT THOSE BENEFITS I. (NCGS 1C-1601(a)(11).	vas dependent for support. nnuities. NAL REVENUE CODE AND A MENT PLAN UNDER THE INT nt.) AND OTHER RETIREMEN Valu OF THE INTERNAL REVENUE ot include any funds placed in a col or's financial affairs. This exemptic used for the child's college or univ Valu HER STATE AND GOVERNM ARE EXEMPT UNDER THE I No limit on amount.)	NY PLAN FERNAL OT FUNDS THE TOTAL CODE. THE STAN THE S
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91C (09/13)

13.	ANY OTHER REAL OR PERSONAL PROPERTY WHICH DEBTOR DESIRES TO CLAIM AS EXEMPT	THAT
	HAS NOT PREVIOUSLY BEEN CLAIMED ABOVE. (NCGS 1C-1601(a)(2). The amount claimed may not ex	ceed the
	remaining amount available under paragraph 1(b) which has not been used for other exemptions.)	
	Market	No

Description	Market Value	Lien Holder(s)	Amt. Lien		Net Value
Misc. cash, bank accts, property, tax refunds, etc.	4,950.00			4	,950.00
Rental deposit: Apartment deposit	50.00				50.00
(a) Total Net Value of property clair	ned in paragraph 13.		\$	5,000.00	
(b) Total amount available from para	agraph 1(b).		\$	5,000.00	
(c) Less amounts from paragraph 1(l	b) which were used i	n the following paragraphs:			
	Paragraph 3(b)	\$			
	Paragraph 4(b)	\$			
	Paragraph 5(c)	\$			
	Net Bal	lance Available from paragraph 1(b)	\$	5,000.00	
		Total Net Exemption	\$	5,000.00	
14. OTHER EXEMPTIONS (-NONE-	CLAIMED UNDER	THE LAWS OF THE STATE OF	NORTH CAROL	INA:	
TOTAL VALUE OF PROPERT	ΓΥ CLAIMED AS E	XEMPT	\$		0.00
15. EXEMPTIONS CLAIME -NONE-	D UNDER NON-BA	ANKRUPTCY FEDERAL LAW:	_		
TOTAL VALUE OF PROPERT	ΓΥ CLAIMED AS E	XEMPT	\$_		0.00

16. RECENT PURCHASES

The exemptions provided in NCGS 1C-1601(a)(2), (3), (4), and (5) are inapplicable with respect to tangible personal property purchased by the debtor less than 90 days preceding the initiation of judgment collection proceedings or the filing of a petition for bankruptcy, unless the purchase of the property is directly traceable to the liquidation or conversion of property that may be exempt and no additional property was transferred into or used to acquire the replacement property.

List tangible personal property purchased by the debtor less than 90 days preceding the filing of the bankruptcy petition:

Description -NONE-	Market Value	Lien Holder(s)	Amt. Lien	Net Value
DATE <u>02/01/2018</u>		/s/ Nancy Hoffman Nancy Hoffman Debtor		

Not

	Casi	9 18-50102 DOC 1 FI	ieu uziuti	16 Page 17 (JI 53	
Fill in this inform	ation to identify you	ır case:				
Debtor 1	Nancy Hoffman					
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ban	kruptcy Court for the:	MIDDLE DISTRICT OF NORTH	I CAROLINA			
Case number (if known)						if this is an led filing
Official Form Schedule I		Who Have Claims S	Secured	by Property		12/15
		If two married people are filing togethe out, number the entries, and attach it t				
, ,	nave claims secured by	/ vour property?				
	•	his form to the court with your other	schedules. You	have nothing else to	report on this form.	
Yes. Fill in	all of the information	below.		Ç	•	
Part 1: List All	Secured Claims					
for each claim. If mo	ore than one creditor has	more than one secured claim, list the cred a particular claim, list the other creditors cal order according to the creditor's name	in Part 2. As		Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Ally Financ	ial	Describe the property that secures the	he claim:	\$19,850.00	\$15,210.00	\$4,640.00
Creditor's Name		2014 Ford Escape SE AWD			, , , , , , , , , , , , , , , , , , , 	<u> </u>
c/o Ally Ser PO Box 130 Saint Paul,	0424	As of the date you file, the claim is: (apply. Contingent	Check all that			
	City, State & Zip Code	☐ Unliquidated ☐ Disputed				
Who owes the dek	ot? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only ■ Debtor 2 only		An agreement you made (such as n car loan)	nortgage or secu	red		
Debtor 1 and Debtor 1	otor 2 only	☐ Statutory lien (such as tax lien, med	hanic's lien)			
_	e debtors and another	☐ Judgment lien from a lawsuit	ilalic s liell)			
Check if this cla	im relates to a		Purchase Mo	ney Security		
Date debt was incu	rred 08/2017	Last 4 digits of account numb	per 1762			
	-	olumn A on this page. Write that numb	oer here:	\$19,850	.00	
If this is the last p Write that number		the dollar value totals from all pages.		\$19,850	.00	
Part 2: List Oth	ers to Be Notified fo	r a Deht That You Already Listed				

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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Debtor 1 Nancy Hoffman Frest Name Middle Name Last Name La			Case .	10-30102	DUCI	1 11 0 4 02/0	1/10 Fage	10 01 33	
Debtor 2 Spower It, Illing) First Name Middle Name Last Name Last Name Debtor 2 Spower It, Illing) First Name Middle Name Last Name Last Name United States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA Case number (if Norwer) Check if this is an amended filling Check if this is an amended filling Check if Norwer) Check if this is an amended filling Check if Norwer) Check if this is an amended filling Check if Norwer) Check if this is an amended filling Check if Norwer) Check if this is an amended filling Check if Norwer) Check if Norwer) Check if this is an amended filling Check if Norwer) Check if Norwer) Check if Norwer Check if Norwer) Check if Norwer Check	Fill in t	this informa	tion to identify your c	case:					
Debtor 2 Spower It, Illing) First Name Middle Name Last Name Last Name Debtor 2 Spower It, Illing) First Name Middle Name Last Name Last Name United States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA Case number (if Norwer) Check if this is an amended filling Check if this is an amended filling Check if Norwer) Check if this is an amended filling Check if Norwer) Check if this is an amended filling Check if Norwer) Check if this is an amended filling Check if Norwer) Check if this is an amended filling Check if Norwer) Check if Norwer) Check if this is an amended filling Check if Norwer) Check if Norwer) Check if Norwer Check if Norwer) Check if Norwer Check	Debtor	1	Nancy Hoffman						
United States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA Case number (if stown)	Bostor	•		Middle Na	ame	Last Name			
United States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA Case number (It known) Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts on schedule Alts: Property (Official Form 1068/B) and on Schedule C: Executory Contracts and Unexpired Leases (Official Form 1066). Do not include any creditors with partially secured claims. List the other party to any executions contracts on schedule D: Creditors Who have claims Secured by Property, If more space is needed, copy the Party ou need, Iffl to Au need the Author of the Author o									
Case number (If thousin) Check if this is an amended filling	(Spouse i	if, filing)	First Name	Middle Na	ame	Last Name			
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule Aris. Property (Official Form 106A/B) and on any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule D. Creditors Who Have Claims Secured by Property, if more space is needed, copy the Part you need, fill in unable the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number of fixnown. Part 1: List All of Your PRIORITY Unsecured Claims	United	States Bank	ruptcy Court for the:	MIDDLE DIS	STRICT OF NOR	TH CAROLINA			
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule Aris. Property (Official Form 106A/B) and on any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule D. Creditors Who Have Claims Secured by Property, if more space is needed, copy the Part you need, fill in unable the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number of fixnown. Part 1: List All of Your PRIORITY Unsecured Claims	Case n	umher							
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts on suspetule classes that could result in a claim. Also list executory contracts on Schedule AIB: Property (Official Form 1066). Do not include any creditors with partially secured claims that are listed in Schedule 6: Executory Contracts and Unexpired Leases (Official Form 1066). Do not include any creditors with partially secured claims that are listed in Schedule 6: Executory Contracts and Unexpired Leases (Official Form 1066). Do not include any creditors with partially secured claims that are listed in Schedule 10: Creditors Who Have Claims Sourced by Property, if more space is needed, copy the Part you need, flut on, number the entries in the boses on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 4. List all of Your NONPRIORITY Unsecured Claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claims, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three norpriority unsecured claims list out the Continuation Page of Part 2. Affinity Federal Credit Unition Nonpriority Creditor's Name PO Box 621 Basking Ridge, NJ 07	1				_				heck if this is an
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unscripted leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 10649) and on Schedule 6: Executory Contracts and Unexpired Leases (Official Form 1066). Do not list executory contracts on Schedule Droperty (Official Form 1066). The control of the continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1:								a	mended filing
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any executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases (Official Form 106A/B) and on Schedule AB: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule D: Creditor Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims No. Go to Part 2.							2. 4.0 (W NONDRIGHTY I	
1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. 4.1	Schedule Schedule left. Atta name an	e G: Executor e D: Creditors ch the Contin d case numb	ry Contracts and Unexpi s Who Have Claims Secu nuation Page to this page er (if known).	ired Leases (Of ured by Properi e. If you have r	ficial Form 106G). ty. If more space is no information to re	Do not include s needed, copy t	any creditors with the Part you need,	partially secured claims fill it out, number the en	that are listed in tries in the boxes on the
No. Go to Part 2. Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim 4.1 Affinity Federal Credit Union Nonpriority Creditor's Name PO Box 621 Basking Ridge, NJ 07920 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Contingent Debtor 2 only Indiquidated Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Student loans Student loans Student loans Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset?	Part 1:	List All o	of Your PRIORITY Un	secured Clair	ms				
Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims against you?	_	•	, ,	d claims agains	st you?				
Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Affinity Federal Credit Union		No. Go to Part	2.						
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unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Affinity Federal Credit Union Last 4 digits of account number 4142 \$280.00 Nonpriority Creditor's Name PO Box 621 Basking Ridge, NJ 07920 Number Street City State Zlp Code Who incurred the debt? Check one. Contingent Contingent Unliquidated Unliquidated Debtor 1 only Unliquidated Debtor 2 only Disputed Disputed Type of NONPRIORITY unsecured claim: Student loans Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		Yes.							
Affinity Federal Credit Union Nonpriority Creditor's Name PO Box 621 Basking Ridge, NJ 07920 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As 4 digits of account number 4142 \$2005-2017 As of the date you file, the claim is: Check all that apply When was the debt incurred? 2005-2017 As of the date you file, the claim is: Check all that apply Unliquidated Unliquidated Disputed Type of NoNPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	uns thar	ecured claim, land one creditor l	list the creditor separately	for each claim.	For each claim liste	ed, identify what t	ype of claim it is. Do	not list claims already inc	luded in Part 1. If more
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Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts					Wilch was the act	ot mounted.	2003-2017		-
■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debts to pension or profit-sharing plans, and other similar debts □ Destance □ Check if this claim is for a community debt consists of the claim subject to offset? □ Debts to pension or profit-sharing plans, and other similar debts					As of the date you	ı file, the claim i	s: Check all that app	oly	
□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		Who incurre	d the debt? Check one.						
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		Debtor 1	only		☐ Contingent				
□ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debts to pension or profit-sharing plans, and other similar debts □ Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		Debtor 2	only		☐ Unliquidated				
☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ No ☐ Debts to pension or profit-sharing plans, and other similar debts		Debtor 1	and Debtor 2 only		•				
debt Is the claim subject to offset? No Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		☐ At least o	ne of the debtors and ano	ther		RITY unsecured	d claim:		
Is the claim subject to offset? ■ No □ Debts to pension or profit-sharing plans, and other similar debts			this claim is for a comn	nunity					
■ No □ Debts to pension or profit-sharing plans, and other similar debts			subject to offset?				ration agreement or	divorce that you did not	
			,				g plans, and other s	imilar debts	

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Debtor	Nancy Hoffman		Case number (if know)	
4.2	Affinity Federal Credit Union Nonpriority Creditor's Name	Last 4 digits of account number	2968	\$5,050.00
	PO Box 621 Basking Ridge, NJ 07920	When was the debt incurred?	2007-2017	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	Пол		
		☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	Student loans	a diami.	
	☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Credit card		
4.3	Bank of America - Credit Card Nonpriority Creditor's Name	Last 4 digits of account number	9259	\$3,325.00
	Attn: Bankruptcy PO Box 982235	When was the debt incurred?	2014-2017	
	El Paso, TX 79998 Number Street City State Zlp Code	As of the date you file, the claim	is. Chack all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim	s. Offect an that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit card	purchases	
4.4	Bank of America - Credit Card Nonpriority Creditor's Name	Last 4 digits of account number	8105	\$2,560.00
	Attn: Bankruptcy PO Box 982235	When was the debt incurred?	2016-2017	
	El Paso, TX 79998 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Credit card	purchases	

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Debto	or 1 Nancy Hoffman	Case number (if know)	
4.5	CareCredit/Synchrony Bank Nonpriority Creditor's Name	Last 4 digits of account number 9702	\$445.00
	PO Box 965061	When was the debt incurred? 2016-2017	
	Orlando, FL 32896-5061		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community debt		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit card purchases	
4.6	Discover Bank	Last 4 digits of account number 3865	\$4,145.00
	Nonpriority Creditor's Name		• • • • • • • • • • • • • • • • • • •
	Discover Products Inc. PO Box 30943	When was the debt incurred? 2016-2017	
	Salt Lake City, UT 84130 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit card purchases	
4.7	Forsyth County Tax Collector Nonpriority Creditor's Name	Last 4 digits of account number	\$0.00
	P.O. Box 82	When was the debt incurred?	
	Winston Salem, NC 27102 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneon an that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	lacksquare Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Notice Purposes	

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Debtor	1 Nancy Hoffman	Case number	(if know)
4.8	HSN/Comenity Bank Nonpriority Creditor's Name	Last 4 digits of account number 2446	\$680.00
	Bankruptcy Dept. PO Box 183043 Columbus, OH 43218-2125	When was the debt incurred? 2012-2017	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all tha	apply
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement	nt or divorce that you did not
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and oth	er similar debts
	Yes	■ Other. Specify Credit card purchases	
4.9	Internal Revenue Service Nonpriority Creditor's Name	Last 4 digits of account number	\$0.00
	Centralized Insolvency Operations P.O. Box 7346	When was the debt incurred?	
	Philadelphia, PA 19101-7346 Number Street City State Zlp Code	As of the date you file, the claim is: Check all tha	apply
	Who incurred the debt? Check one.		,
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreemer report as priority claims	nt or divorce that you did not
	■ No	☐ Debts to pension or profit-sharing plans, and oth	er similar debts
	☐ Yes	■ Other Specify Notice Purposes	
		. ,	
4.1 0	Kia Motors Finance Nonpriority Creditor's Name	Last 4 digits of account number 1329	Unknown
	PO Box 20825 Fountain Valley, CA 92728-0825	When was the debt incurred? 2015-2017	
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all tha	apply
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	Student loans	st or diverse that you did not
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement report as priority claims	it of divorce that you did not
	■ No	☐ Debts to pension or profit-sharing plans, and oth	er similar debts
	□Yes	☐ Other. Specify Disputed debt on trade-in Escape	

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Debto	or 1 Nancy Hoffman	Case number (if know)	
4.1	NC Dept. of Revenue	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name Bankruptcy Unit P.O. Box 1168	When was the debt incurred?	
	Raleigh, NC 27640 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill\Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Notice Purposes	
4.1	QVC Easy Pay	Last 4 digits of account number Et al.	\$150.00
	Nonpriority Creditor's Name PO Box 2254 West Chester, PA 19380	When was the debt incurred? 2016-2017	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Line of Credit	
4.1	QVC/Synchrony Bank	Last 4 digits of account number 8425	\$1,920.00
3	Nonpriority Creditor's Name PO Box 965061	When was the debt incurred? 2014-2017	. , ,
	Orlando, FL 32896-5061 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit card purchases	

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Debtor 1 _	Nancy Hot	ffman		Cas	se number (i	f know)	
4.1 4 TJ	X Reward	s/Synchrony Bank	Last 4 digits of account numl	oer 84	77		\$410.00
Nor Ba PC	npriority Cred Inkruptcy I D Box 9650	Notice 060	When was the debt incurred?		17	_	_
Nur	mber Street (32896-5060 Dity State Zlp Code he debt? Check one.	As of the date you file, the cla	aim is: Ch	neck all that a	pply	
_	Debtor 1 only		☐ Contingent				
	Debtor 2 only	•	☐ Unliquidated				
		y I Debtor 2 only	☐ Disputed				
			Type of NONPRIORITY unsec	ured clair	m·		
		of the debtors and another	Student loans	ui ou oiuii			
deb	ot	s claim is for a community	☐ Obligations arising out of a	separation	n agreement o	or divorce that you did no	ot
_		bject to offset?	report as priority claims				
_			☐ Debts to pension or profit-sh	٠.		similar debts	
	Yes		Other. Specify Credit ca	ard purc	hases		_
	al-Mart/Sy	nchrony Bank	Last 4 digits of account numl	oer 03	77	_	\$4,865.00
Ba PC	nkrutpcy I D Box 9650	Notice 060	When was the debt incurred?	20	14-2017		
Nur		32896 City State Zlp Code he debt? Check one.	As of the date you file, the cla	aim is: Ch	neck all that a	pply	
	Debtor 1 only	у	☐ Contingent				
	Debtor 2 only	y	☐ Unliquidated				
	Debtor 1 and	Debtor 2 only	Disputed				
	At least one	of the debtors and another	Type of NONPRIORITY unsec	ured claii	m:		
	Check if this	s claim is for a community	☐ Student loans				
deb Is t		bject to offset?	Obligations arising out of a report as priority claims	separation	n agreement o	or divorce that you did no	ot
	No		☐ Debts to pension or profit-sh	naring plar	ns, and other	similar debts	
	Yes		■ Other. Specify Credit ca	ard purc	hases		
Part 3:	List Others	to Be Notified About a Debt 1	That You Already Listed				
is trying to have more	o collect from	ou have others to be notified about myou for a debt you owe to some reditor for any of the debts that you in Parts 1 or 2, do not fill out or su	one else, list the original credito ou listed in Parts 1 or 2, list the a	or in Parts	s 1 or 2, ther	list the collection age	ncy here. Similarly, if you
Part 4:	Add the An	nounts for Each Type of Unse	cured Claim				
	amounts of o	certain types of unsecured claims im.	. This information is for statistic	al reporti	ing purpose	s only. 28 U.S.C. §159.	Add the amounts for each
	_	Barrier and the second second		_		Total Claim	
Total		Domestic support obligations		6a.	. \$	0.0	00_
claims from Part 1		Taxes and certain other debts yo	ou owe the government	6b.	. \$	0.0	00
	6c.	Claims for death or personal inju	=	6c.	· —	0.0	
	6d.	Other. Add all other priority unsecu	red claims. Write that amount her	e. 6d.	\$	0.0	
	6e.	Total Priority. Add lines 6a through	h 6d.	6e.	. \$	0.0	00
	6f.	Student loans		6f.	\$	Total Claim 0.0	00
Total claims					·	<u> </u>	
from Part 2		Obligations arising out of a sepa	ration agreement or divorce tha	at 6g.	. \$	0.0	00

Official Form 106 E/F

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Debtor 1 Nancy Hoffman

- you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts
- 6i. Other. Add all other nonpriority unsecured claims. Write that amount

Total Nonpriority. Add lines 6f through 6i.

Case number (if know)

6h.	\$ 0.00
6i.	\$ 23,830.00

23,830.00

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Fill in this inform	mation to identify your	case:		
Debtor 1	Nancy Hoffman First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF	NORTH CAROLINA	
Case number (if known)				☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 The Arbors Apartments 4981-G Hunt Club Road Winston Salem, NC 27104	Housing - lessee

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Fill in this in	formation to identify your	case:			
Debtor 1	Nancy Hoffman				
5	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States	s Bankruptcy Court for the:	MIDDLE DISTRICT OF	NORTH CAROLINA		
Case numbe (if known)	r				☐ Check if this is an amended filing
	Form 106H	obtoro			40/45
<u>scneau</u>	ıle H: Your Cod	eptors			12/15
Arizona, No. G	n the last 8 years, have you California, Idaho, Louisiana, o to line 3. Did your spouse, former spor	Nevada, New Mexico, Pu	erto Rico, Texas, Wash		y states and territories include
in line 2 Form 10 out Colu	again as a codebtor only i 6D), Schedule E/F (Official	f that person is a guaran	tor or cosigner. Make	sure you have listed the 16G). Use Schedule D,	g with you. List the person shown he creditor on Schedule D (Officia Schedule E/F, or Schedule G to fi
	me, Number, Street, City, State and Z	P Code		Check all schedule	editor to whom you owe the debt es that apply:
3.1 Na	me			_ □ Schedule D, lin □ Schedule E/F, l □ Schedule G, lin	ine
Nu Cit	mber Street y	State	ZIP Code	— Schedule G, lin	e
3.2				☐ Schedule D, lin	•
3.2 Na	me			□ Schedule D, lin □ Schedule E/F, l □ Schedule G, lin	ine
	mber Street			_	
Cit	V	State	ZIP Code		

Fill	in this information to identify your c	ase:				•				
Del	otor 1 Nancy Hoffm	nan								
1 -	otor 2 puse, if filing)				_					
Uni	ted States Bankruptcy Court for the	: MIDDLE DISTRICT O	F NORTH CAROLIN	IA						
	se number nown)		-			□ A	k if this is: n amende suppleme	d filing	g postpetition	chapter
\sim	fficial Form 1061					1	3 income	as of the fo	ollowing date:	
-	fficial Form 106l chedule I: Your Inc	omo				N	IM / DD/ Y	YYY		12/1
sup spo atta	as complete and accurate as possible plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not filing wi	ng jointly, and your ith you, do not inclu	spouse i	is liv mati	ing with on about	you, incl	ude inforn ouse. If mo	nation about ore space is	your needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	or non-fi	ling spouse	
	If you have more than one job,	Employment status	☐ Employed	mployed			☐ Employed			
	attach a separate page with information about additional	Limployment status	■ Not employed				☐ Not employed			
	employers.	Occupation	Retired							
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed to	here?							
Pai	Give Details About Mor	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If y	you have nothing to ι	eport for	any	line, write	\$0 in the	space. Inc	clude your noi	n-filing
	ou or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	on for all e	empl	oyers for	that perso	on on the li	nes below. If y	you need
						For Del	otor 1		btor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$		0.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$		0.00	\$	N/A	

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Deb	or 1	Nancy Hoffman	_	Case	number (<i>if known</i>)		
				For	Debtor 1		Debtor 2 or
	Cam	v line 4 have	4	\$	0.00	non-	filing spouse
	Copy	y line 4 here	4.	Φ_	0.00	Φ	<u>N/A</u>
5.	List	all payroll deductions:					
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	N/A
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	N/A
	5e.	Insurance	5e.	\$_	0.00	\$	N/A
	5f. 5g.	Domestic support obligations Union dues	5f. 5g.	\$ \$	0.00	\$	N/A N/A
	5g. 5h.	Other deductions. Specify:	5h.+	· : —	0.00	· —	N/A
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.	\$	0.00	\$	N/A
7.		ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	* — \$	0.00	\$ 	N/A
			٠.	Ψ _	0.00	Ψ	IN/A_
8.	8a.	all other income regularly received: Net income from rental property and from operating a business,					
		profession, or farm					
		Attach a statement for each property and business showing gross					
		receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A
	8b.	Interest and dividends	8b.	\$_	0.00	\$	N/A
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive		_		· <u>—</u>	
		Include alimony, spousal support, child support, maintenance, divorce	0.0	æ	0.00	ď	NI/A
	8d.	settlement, and property settlement. Unemployment compensation	8c. 8d.	\$_ \$	0.00	\$	N/A N/A
	8e.	Social Security	8e.	\$_	1,267.00	\$	N/A
	8f.	Other government assistance that you regularly receive		-	1,207.00	*-	
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	•				
		Specify:	8f.	\$	0.00	\$	N/A
	8g.	Pension or retirement income	 8g.	\$	426.27	\$	N/A
	8h.	Other monthly income. Specify: 2nd Pension	8h.+	\$	43.34	+ \$	N/A
^	A -1 -1	all other income. Add Free Co. Ob. Co. Od. Co. Of Co. Ob	.	Ф.	4 700 04	•	N 1/A
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,736.61	\$	N/A
10	Calc	culate monthly income. Add line 7 + line 9.	10. \$		1,736.61 + \$		N/A = \$ 1,736.61
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	ΙΟ. Ψ		1,730.01		1,730.01
11.	State Inclu- other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your refriends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not	depen		•		chedule J. 11. +\$ 0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certales					12. \$1,736.61 Combined
10	De ··	rou expect on increase or decrease within the year after you file this form					monthly income
١٥.	DO y	You expect an increase or decrease within the year after you file this form No.	ır				
	_	Yes. Explain:					
	_	r r					

	in this informe	tion to identify yo	our case:			1		
Deb	tor 1	Nancy Hoffm	an			Che	eck if this is: An amended fili	na
Deb	tor 2						A supplement s	howing postpetition chapter
(Spc	ouse, if filing)						13 expenses as	of the following date:
Unite	ed States Bankr	ruptcy Court for the	: MIDDLI	E DISTRICT OF NORTH (CAROLINA		MM / DD / YYY	Y
	e number nown)							
Of	fficial Fo	rm 106J						
Sc	chedule	J: Your	Exper	nses				12/1
Be a	as complete a	and accurate as	possible eded, atta	. If two married people ar ich another sheet to this	e filing together, b form. On the top o	oth are eq f any addit	ually responsible tional pages, wri	e for supplying correct te your name and case
Part	t 1: Descr Is this a join	ibe Your House	hold					
١.	No. Go to							
			in a separ	ate household?				
	□ N							
			st file Offici	al Form 106J-2, Expenses	for Separate House	ehold of De	btor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list Do Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents	names.						□ Yes □ No
								☐ Yes
							<u> </u>	□ No
								☐ Yes
								□ No
•	_							Yes
3.		enses include f people other t	han	No				
	yourself and	d your depende	nts? ⊔	Yes				
Part	t 2: Estim	ate Your Ongoi	ng Monthi	ly Expenses				
exp								Chapter 13 case to report p of the form and fill in the
				government assistance i				
(Off	ficial Form 10	06I.)					Your e	expenses
4.		or home owners		ses for your residence. I	nclude first mortgag	e 4.	\$	665.00
		led in line 4:	<u> </u>					
	4a. Real e	estate taxes				4a.	\$	0.00
		rty, homeowner's	s, or renter	's insurance		4a. 4b.	· -	10.00
		-		ıpkeep expenses		4c.	·	0.00
_		owner's associat				4d.		0.00
5.	Additional n	nortgage paym	ents for yo	our residence, such as ho	me equity loans	5.	\$	0.00

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	Nancy Hoffman	Case num	ber (if known)	
2 114!1	lities:			
6. Util 6a.		6a.	\$	140.00
6b.	Water, sewer, garbage collection	6b.	· ·	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.		
			·	215.00
6d.		6d.	*	0.00
	od and housekeeping supplies	7.	·	240.00
	ildcare and children's education costs	8.	\$	0.00
	thing, laundry, and dry cleaning	9.	\$	40.00
Per	sonal care products and services	10.	\$	20.00
1. Me d	dical and dental expenses	11.	\$	50.00
	nsportation. Include gas, maintenance, bus or train fare.	40	•	200.00
	not include car payments.	12.	·	200.00
3. Ent	tertainment, clubs, recreation, newspapers, magazines, and books	13.	·	10.00
4. Cha	aritable contributions and religious donations	14.	\$	5.00
-	urance.			
Do	not include insurance deducted from your pay or included in lines 4 or 20.			
15a	a. Life insurance	15a.	\$	0.00
15b	o. Health insurance	15b.	\$	0.00
15c	:. Vehicle insurance	15c.	\$	70.00
	d. Other insurance. Specify:	15d.	\$	0.00
	kes. Do not include taxes deducted from your pay or included in lines 4 or 20.		·	
	ecify:	16.	\$	0.00
	tallment or lease payments:			
	a. Car payments for Vehicle 1	17a.	\$	345.00
	o. Car payments for Vehicle 2	17b.	· -	0.00
	c. Other. Specify:	17c.	·	0.00
	I. Other. Specify:	17d.	·	0.00
	ur payments of alimony, maintenance, and support that you did not report as		Ψ	0.00
	dr payments of animony, maintenance, and support that you did not report as ducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$	0.00
	ner payments you make to support others who do not live with you.	,	\$	0.00
	ecify:	19.	T	0.00
	ner real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i> e		our Income	
	a. Mortgages on other property	20a.		0.00
	o. Real estate taxes	20b.	·	0.00
		20b. 20c.	•	
	c. Property, homeowner's, or renter's insurance	20d. 20d.		0.00
	I. Maintenance, repair, and upkeep expenses		·	0.00
	e. Homeowner's association or condominium dues	20e.		0.00
1. O th	ner: Specify: Miscellaneous	21.	+\$	100.00
2 C al	culate your monthly expenses			
	a. Add lines 4 through 21.		\$	2,110.00
	b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	۷,۱۱۵.۵۵
			·	
22c	c. Add line 22a and 22b. The result is your monthly expenses.		\$	2,110.00
3 Cal	culate your monthly net income.			
	a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	1,736.61
	Copy your monthly expenses from line 22c above.	23a. 23b.		2,110.00
23 D	b. Copy your monthly expenses from line 220 above.	230.	-φ	2,110.00
220	Subtract your monthly expenses from your monthly income			
23C	 Subtract your monthly expenses from your monthly income. The result is your monthly net income. 	23c.	\$	-373.39
	The result is your monthly net income.	_00.	i .	
			. fa	
4. Do	you expect an increase or decrease in your expenses within the year after yo	ou tile this	i torm?	
	you expect an increase or decrease in your expenses within the year after you example, do you expect to finish paying for your car loan within the year or do you expect your			or decrease because of a
For				or decrease because of a
For	example, do you expect to finish paying for your car loan within the year or do you expect you dification to the terms of your mortgage?			or decrease because of a

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Fill	II in this information to identify your case:			
Deb	ebtor 1 Nancy Hoffman			
Det	First Name Middle Name Last Name ebtor 2			
	pouse if, filing) First Name Middle Name Last Name			
Uni	nited States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA			
	ase numberknown)		Check if this	
			amended filir	ıg
	official Form 106Sum	ormation	40/45	
	ummary of Your Assets and Liabilities and Certain Statistical Inf		12/15	ect
info	ormation. Fill out all of your schedules first; then complete the information on this form. If you are original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.			
Par	art 1: Summarize Your Assets			
			our assets /alue of what	you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B		\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B		\$	17,455.00
	1c. Copy line 63, Total of all property on Schedule A/B		\$	17,455.00
Par	art 2: Summarize Your Liabilities			
			Your liabilitie	\$
			Amount you o	
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 or	f Schedule D	\$	19,850.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F		\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F		\$	23,830.00
	Your	total liabilities \$_	4;	3,680.00
Par	art 3: Summarize Your Income and Expenses			
4.				
4.	Copy your combined monthly income from line 12 of Schedule I		\$	1,736.61
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J		\$	2,110.00
Par	art 4: Answer These Questions for Administrative and Statistical Records			
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to t	he court with your ot	her schedules	i.
7.	■ Yes What kind of debt do you have?			
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individ		rsonal, family	or
	household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. §	159.		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Nancy Hoffman Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$______469.61

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tota	al claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill in this information to identify your case:	
Debtor 1 Nancy Hoffman	
First Name Middle Name Last Name	
Debtor 2 (Spouse if, filing) First Name Middle Name Last Name	_
United States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA	_
Case number(if known)	☐ Check if this is an amended filing
Official Form 106Dec Declaration About an Individual Debtor's Schedule	S 12/15
You must file this form whenever you file bankruptcy schedules or amended schedules. Making a fals obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$ years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below	
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy for	ns?
■ No	
	h Bankruptcy Petition Preparer's Notice, aration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declare that they are true and correct.	elaration and
X /s/ Nancy Hoffman X	
Nancy Hoffman Signature of Debtor 2 Signature of Debtor 1	

Official Form 106Dec

								_	
Fill	in this	s information to identify y	our case:						
Deb	tor 1	Nancy Hoffma	n						
		First Name		ddle Name		Last Name			
1	tor 2 use if, fili	ing) First Name	Mi	ddle Name		Last Name			
Unit	ed Sta	ates Bankruptcy Court for t	he: MIDDL	E DISTRICT OF	NORTH	H CAROLINA			
Cas (if kno	e num	ber							neck if this is an nended filing
		l Form 107							
Sta	atem	nent of Financia	al Affairs	for Indivi	dua	ls Filing for B	ankruptc	У	4/10
infor	matio	nplete and accurate as po nn. If more space is need f known). Answer every q	ed, attach a s						
Part	1:	Give Details About Your	Marital Statu	s and Where Yo	u Live	d Before			
1.	What is your current marital status?								
		Married							
	I	Not married							
2.	During	g the last 3 years, have y	ave you lived anywhere other than where you live now?						
	_ `	No Yes. List all of the places yo	ou lived in the	last 3 years. Do r	not incl	ude where you live now	ı.		
	Debt	or 1 Prior Address:		Dates Debtor 1 lived there	1	Debtor 2 Prior Ad	ldress:		Dates Debtor 2 lived there
		n the last 8 years, did you territories include Arizona,							
	_ `	No Yes. Make sure you fill out	Schedule H: \	our Codebtors (C	Official	Form 106H).			
Part	t 2	Explain the Sources of	our Income						
	Fill in t	ou have any income from the total amount of income are filing a joint case and y	you received	from all jobs and	all bus	inesses, including part-	time activities.	revious calend	dar years?
	_	No Yes. Fill in the details.							
			Debtor 1				Debtor 2		
				of income that apply.	(be	oss income efore deductions and clusions)	Sources of in Check all that		Gross income (before deductions and exclusions)

Official Form 107

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Case number (if known)

5.	Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployme and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lotte winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.							ecurity, unemployment, d gambling and lottery
	List each s	source and the g	ross inco	me from each source separa	tely. Do not include incom	e that you listed in	line 4.	
	□ No							
	_	Fill in the details.						
	_ 100.	i iii iii tiio dotallo.						
				Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of i Describe belo		Gross income (before deductions and exclusions)
		/ 1 of current ye iled for bankrup		Social Security Benefits	\$1,267.0	0		
				Retirement Income	\$940.0	0		
	r last calen anuary 1 to	dar year: December 31, 2	017)	Social Security Benefits	\$14,845.0	0		
				Retirement Income	\$5,635.0	0		
		dar year before December 31, 2		Social Security Benefits	\$16,790.0	0		
				Retirement Income	\$5,635.0	0		
Pa	rt 3: List	Certain Payme	nts You	Made Before You Filed for	Bankruptcy			
6.	Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."							
		During the 90 d	avs befor	re you filed for bankruptcy, di	d vou pav anv creditor a t	otal of \$6.425* or r	nore?	
		_ `	to line 7.		- , , , - · · · · · · · · · · ·			
	Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.							
	* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.							
	Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?							
	□ No. Go to line 7.							
	Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.							
	Creditor'	s Name and Ado	dress	Dates of payme	nt Total amount	Amount you still owe		eayment for
Ally Financial c/o Ally Servicing LLC				Monthly payme of \$342.22		\$19,850.00		ge

PO Box 130424

Saint Paul, MN 55113

Debtor 1 Nancy Hoffman

■ Car

☐ Credit Card

☐ Other__

☐ Loan Repayment \square Suppliers or vendors

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Deb	btor 1 Nancy Hoffman		Cas	se number (if known)						
7.	Within 1 year before you filed for bankrup Insiders include your relatives; any general p of which you are an officer, director, person i a business you operate as a sole proprietor. alimony.	partners; relatives of any gen n control, or owner of 20% of	neral partners; partners or more of their voting	erships of which yo g securities; and a	u are a general ny managing ag	partner; corporations gent, including one for				
	■ No□ Yes. List all payments to an insider.									
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	his payment				
8.	Nithin 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an nsider? nclude payments on debts guaranteed or cosigned by an insider.									
	☐ Yes. List all payments to an insider									
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	his payment or's name				
Par	rt 4: Identify Legal Actions, Repossessic	one and Foreclosures								
9.	Within 1 year before you filed for bankrup List all such matters, including personal injur modifications, and contract disputes. No Yes. Fill in the details.									
	Case title Case number	Nature of the case	Court or agency		Status of the	case				
10.	Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11.									
	Yes. Fill in the information below.									
	Creditor Name and Address	Describe the Property		Date		Value of the property				
		Explain what happene								
11.	Within 90 days before you filed for bankru accounts or refuse to make a payment be No Yes. Fill in the details.		cluding a bank or fii	nancial institutior	, set off any a	nounts from your				
	Creditor Name and Address	Describe the action the creditor took				Amount				
12.	Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or		erty in the possess	ion of an assigne	e for the benef	it of creditors, a				
	■ No □ Yes									
Par	rt 5: List Certain Gifts and Contributions	;								
13.	Within 2 years before you filed for bankru ■ No	ptcy, did you give any gif	s with a total value	of more than \$60	0 per person?					
	Yes. Fill in the details for each gift.									
	Gifts with a total value of more than \$600 per person	Describe the gifts		Dates the g	s you gave ifts	Value				
	Person to Whom You Gave the Gift and Address:									

Case number (if known)

4.	Within 2 years before you filed for bank ■ No	ruptcy,	did you give any gifts or contribution	ns with a total	I value of more than	\$600 to any charity?
	☐ Yes. Fill in the details for each gift or	contribu	tion.			
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co		Describe what you contributed		Dates you contributed	Value
Pai	t 6: List Certain Losses					
	Within 1 year before you filed for bankr or gambling?	uptcy or	since you filed for bankruptcy, did y	ou lose anytl	hing because of the	t, fire, other disaster
	■ No.					
	■ No □ Yes. Fill in the details.					
	Describe the property you lost and	Descr	ibe any insurance coverage for the le	nee	Date of your	Value of property
	how the loss occurred	Include	e the amount that insurance has paid. I	ist pending	loss	lost
		insura	nce claims on line 33 of Schedule A/B:	Property.		
Pai	t 7: List Certain Payments or Transfe	rs				
ιο.	Within 1 year before you filed for bankr consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition No	prepari	ng a bankruptcy petition?			rty to anyone you
	Yes. Fill in the details.				_	
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	You	Description and value of any property transferred		Date payment or transfer was made	Amount of payment
	Schollander Law Offices 2000 W. First Street, Suite 308 Winston-Salem, NC 27104		Attorney Fees			\$1,365.00
17.	Within 1 year before you filed for bankr promised to help you deal with your cre Do not include any payment or transfer that No Yes. Fill in the details.	editors o	or to make payments to your creditor		r transfer any prope	rty to anyone who
	Person Who Was Paid Address		Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have a No	ur busir rs made	ness or financial affairs? as security (such as the granting of a s		erty to anyone, othe	
	☐ Yes. Fill in the details.					
	Person Who Received Transfer Address		Description and value of property transferred		any property or received or debts change	Date transfer was made
	Person's relationship to you					

Debtor 1 Nancy Hoffman

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Case number (if known)

	beneficiary? (These are often called <i>asset-p</i> .	olection devices.)				
	No Yes. Fill in the details.					
	Name of trust	Description and	d value of the prop	erty trans	ferred	Date Transfer was made
Pa	+ 9: List of Cortain Financial Accounts In	estrumente Safa Dana	eit Boyos and Sto	rago Unit	c	
	tt 8: List of Certain Financial Accounts, In					
20.	Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso	or other financial acco	ounts; certificates	of deposi	•	•
	Yes. Fill in the details.					
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accourant instrument	nt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
	Bank of America Winston Salem, NC	XXXX-	■ Checking □ Savings □ Money Mark □ Brokerage □ Other_	et	10/2017	\$0.00
	Affinity Federal Credit Union Basking Ridge, NJ	XXXX-	■ Checking □ Savings □ Money Mark □ Brokerage □ Other	et	11/2017	\$0.00
21.	Do you now have, or did you have within 1	year before you filed f	or bankruptcy, an	y safe dep	oosit box or other depo	
	cash, or other valuables? No					ository for securities,
	_					ssitory for securities,
	■ No	Who else had at Address (Number State and ZIP Code)	, Street, City,	Describe	the contents	Do you still have it?
22.	■ No □ Yes. Fill in the details. Name of Financial Institution	Address (Number State and ZIP Code)	, Street, City,			Do you still have it?
22.	■ No □ Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Address (Number State and ZIP Code)	, Street, City,			Do you still have it?
22.	■ No ■ Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Have you stored property in a storage unit	Address (Number State and ZIP Code)	, Street, City,			Do you still have it?
22.	■ No □ Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Have you stored property in a storage unit	Address (Number State and ZIP Code)	, Street, City, ur home within 1 y	/ear befor		Do you still have it?
	■ No □ Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Have you stored property in a storage unit ■ No □ Yes. Fill in the details. Name of Storage Facility	Address (Number State and ZIP Code) or place other than yo Who else has of to it? Address (Number State and ZIP Code)	, Street, City, ur home within 1 y	/ear befor	e you filed for bankruլ	Do you still have it? otcy? Do you still
	■ No □ Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Have you stored property in a storage unit ■ No □ Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Address (Number State and ZIP Code) or place other than yo Who else has of to it? Address (Number State and ZIP Code) of for Someone Else	r had access	/ear befor	e you filed for bankrup the contents	Do you still have it? Do you still have it?
Pa	■ No □ Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Have you stored property in a storage unit ■ No □ Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) 19: Identify Property You Hold or Control Do you hold or control any property that so	Address (Number State and ZIP Code) or place other than yo Who else has of to it? Address (Number State and ZIP Code) of for Someone Else	r had access	/ear befor	e you filed for bankrup the contents	Do you still have it? Do you still have it?

Debtor 1 Nancy Hoffman

Debtor 1 Nancy Hoffman

Part 10: Give Details About Environmental Information

Case number (if known)

For	the purpose of Part 10, the following definition	ns apply:					
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.						
	Site means any location, facility, or property to own, operate, or utilize it, including dispos	as defined under any environmental l	aw, whether you now own, operate,	or utilize it or used			
	Hazardous material means anything an envir hazardous material, pollutant, contaminant, o	onmental law defines as a hazardous	waste, hazardous substance, toxic	substance,			
Rep	ort all notices, releases, and proceedings that	you know about, regardless of when	they occurred.				
24.	Has any governmental unit notified you that y	you may be liable or potentially liable	under or in violation of an environm	ental law?			
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
25.	Have you notified any governmental unit of a	ny release of hazardous material?					
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
26.	Have you been a party in any judicial or admi	nistrative proceeding under any envi	ronmental law? Include settlements	and orders.			
	■ No						
	Yes. Fill in the details.						
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case			
Par	rt 11: Give Details About Your Business or C	onnections to Any Business					
27.	Within 4 years before you filed for bankrupto	y, did you own a business or have an	y of the following connections to an	y business?			
	☐ A sole proprietor or self-employed in	a trade, profession, or other activity,	either full-time or part-time				
	☐ A member of a limited liability compa	ny (LLC) or limited liability partnersh	ip (LLP)				
	☐ A partner in a partnership						
	☐ An officer, director, or managing exe	cutive of a corporation					
	☐ An owner of at least 5% of the voting	or equity securities of a corporation					
■ No. None of the above applies. Go to Part 12.							
	Yes. Check all that apply above and fill in						
Business Name Address Describe the nature of the business Do not include Social Security Describe the nature of the business Do not include Social Security							
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper					

Dates business existed

Debtor 1 Nancy Hoffman

Case number (if known)

28.	8. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financi institutions, creditors, or other parties.			
	■ No □ Yes. Fill in the details below.			
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued		

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Debtor 1 Nancy Hoffman			Case number (if known)
Part 12:	Sign Below		
are true a	nd correct. I understand that ma		nents, and I declare under penalty of perjury that the answers roperty, or obtaining money or property by fraud in connection up to 20 years, or both.
/s/ Nanc	y Hoffman		
Nancy F Signatur	loffman e of Debtor 1	Signature of Debtor	2
Date 0	2/01/2018	Date	
Did you a	ttach additional pages to Your	Statement of Financial Affairs for Indi	viduals Filing for Bankruptcy (Official Form 107)?
■ No			
☐ Yes			
Did you p	ay or agree to pay someone wh	o is not an attorney to help you fill ou	t bankruptcy forms?
■ No			
☐ Yes. N	ame of Person Attach the	Bankruptcy Petition Preparer's Notice, i	Declaration, and Signature (Official Form 119).

Fill in this infor	mation to identify your o	ase:		
Debtor 1	Nancy Hoffman	Middle Ness	I N	
Debtor 2	First Name	Middle Name	Last Name	
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	MIDDLE DISTRIC	T OF NORTH CAROLINA	
Case number (if known)				☐ Check if this is an amended filing
00000	400			amended ming
Official Fo		n for Indiv	riduals Filing Under Chap	ter 7 12/15
If you are an ind	lividual filing under chap	oter 7, you must fil	l out this form if:	
creditors have	e claims secured by you	ır property, or		
You must file th	ever is earlier, unless the	thin 30 days after	ot expired. you file your bankruptcy petition or by the date e time for cause. You must also send copies to	
	eople are filing together nd date the form.	in a joint case, bo	th are equally responsible for supplying correct	t information. Both debtors must
	and accurate as possibl our name and case num		needed, attach a separate sheet to this form. C	On the top of any additional pages,
Part 1: List Y	our Creditors Who Have	Secured Claims		
			One discours William Discours On the Property	ate (Official Forms 400D). (Ill in the
information b	elow.		: Creditors Who Have Claims Secured by Prope	
Identify the cr	reditor and the property th	at is collateral	What do you intend to do with the property the secures a debt?	nat Did you claim the property as exempt on Schedule C?
Creditor's A	Ally Financial		☐ Surrender the property.	□ No
name:	,		Retain the property and redeem it.	
Description of	f 2014 Ford Escape S	SE AWD	☐ Retain the property and enter into a Reaffirmation Agreement.	■ Yes
property	·		Retain the property and [explain]:	
securing debt	:		Continue regular monthly payments	
Part 2: List Y	our Unexpired Personal	Property Leases		
For any unexpir in the information	ed personal property lea on below. Do not list rea	se that you listed estate leases. Un	in Schedule G: Executory Contracts and Unexpexpired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(the lease period has not yet ended.
Describe your	unexpired personal prop	erty leases		Will the lease be assumed?
Lessor's name:				□ No
Description of le Property:	eased			☐ Yes
Lessor's name:	anad			□ No
Description of le Property:	:a> U			☐ Yes
Lessor's name:				□ No
Official Form 108	3	Statement of In	tention for Individuals Filing Under Chapter 7	page 1

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Debtor 1	Nancy Hoffman	Case number (if known)	
Description Property:	n of leased		□ Yes
Lessor's na			□ No
Property:	To reased		☐ Yes
Lessor's name: Description of leased			□ No
Property:			☐ Yes
Lessor's na			□ No
Property:			☐ Yes
Lessor's name: Description of lea			□ No
Property:			☐ Yes

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Deb	or 1 N	Nancy Hoffman	Case number (if known)
Part	3· Si	gn Below	
		ty of perjury, I declare that I have ir t is subject to an unexpired lease.	ated my intention about any property of my estate that secures a debt and any personal
prop	orty tila	t is subject to all unexpired lease.	
Χ	/s/ Nar	ncy Hoffman	X
	Nancy	Hoffman	Signature of Debtor 2
	Signatu	re of Debtor 1	

Filli	n this information to identify your case:				only as c	lirected in this form and	in Form
Deb	tor 1 Nancy Hoffman		12	2A-1Supp:			
	tor 2 use, if filing)			■ 1. There	is no pres	umption of abuse	
Unit	ed States Bankruptcy Court for the: Middle District of N	orth Carolina				to determine if a presun nade under <i>Chapter 7 I</i>	
Cas	e number					icial Form 122A-2).	viearis Test
(if kno						does not apply now be service but it could ap	
				☐ Check i	f this is a	n amended filing	
Off	<u>icial Form 122A - 1</u>						
Ch	apter 7 Statement of Your Cur	rent Mor	ithly Inc	ome			12/15
attacl case qualif	•	nich the addition a presumption ion from Presun	al information a of abuse becau	applies. On the	ne top of a ot have pri	ny additional pages, writ marily consumer debts o	e your name and r because of
1.	What is your marital and filing status? Check one onl	y.					
	Not married. Fill out Column A, lines 2-11.						
	☐ Married and your spouse is filing with you. Fill our			2-11.			
	☐ Married and your spouse is NOT filing with you. \	•	•			2.44	
	☐ Living in the same household and are not legal	•			,		
	☐ Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evading	gally separated	l under nonbar	nkruptcy law	that appli	es or that you and your	
10 th	Il in the average monthly income that you received from all s 01(10A). For example, if you are filing on September 15, the 6-months, add the income for all 6 months and divide the total leads on the same rental property, put the income from that property.	onth period would by 6. Fill in the res	be March 1 thro sult. Do not inclu	ugh August 31 de any income	. If the ame amount m	ount of your monthly incompore than once. For examp	e varied during le, if both
				Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, a payroll deductions).	nd commissio	ons (before all	\$	0.00	\$	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	payments from	a spouse if	\$	0.00	\$	
4.	All amounts from any source which are regularly partial of you or your dependents, including child support. from an unmarried partner, members of your household, and roommates. Include regular contributions from a sport	Include regular your depender	contributions nts, parents,	\$	0.00	\$	
5.	filled in. Do not include payments you listed on line 3. Net income from operating a business, profession, c	or farm		Ψ		Ψ	
0.	rect moonie from operating a business, profession, t		tor 1				
	Gross receipts (before all deductions)	\$ 0.00					
	Ordinary and necessary operating expenses	- \$ 0.00					
	Net monthly income from a business, profession, or farm	n \$0.00	Copy here ->	• \$	0.00	\$	
6.	Net income from rental and other real property	Dak	tor 1				
	Consequents (hafara all desbestiers)	\$ 0.00	tor 1				
	Gross receipts (before all deductions)	\$ 0.00 -\$ 0.00					
	Ordinary and necessary operating expenses Net monthly income from rental or other real property	·	Copy here ->	\$	0.00	\$	
7	Interest, dividends, and royalties	¥		\$	0.00	\$	
	, arriaditad, aria i dyullidd						

Official Form 122A-1

Debto	r 1 _	Nanc	y Hoffman					Case num	ber (<i>if known</i>)					_
								Column / Debtor 1		Colum Debto	r 2 or	ouse		
8.	Uner	nployı	ment compensat	tion				\$	0.00	\$				
			er the amount if you	ou contend that the aread, list it here:	imount red	ceived was a ber	nefit under							
	Fo	r you			\$		0.00							
		,			··············									
	bene	fit und	er the Social Sec	•	•			\$	0.00	\$				
	Do no recei dome	ot inclu ved as	ude any benefits r s a victim of a war errorism. If necess	ces not listed above received under the So crime, a crime again sary, list other source	ocial Secu nst human	ırity Act or paym ity, or internatior	ents nal or							
		. <u>P</u> e	ension 1					\$	426.27	\$				
		Pe	ension 2					\$	43.34	\$				
		To	otal amounts from	separate pages, if ar	ny.		+	\$	0.00	\$				
11.				t monthly income. A to total for Column A to t			\$	469.61	+ _]	= \$	469.61	
												Total	current monthly	
Part	2:	Dete	ermine Whether	the Means Test App	plies to Ye	ou								
12.	Calc	ulate y	your current moi	nthly income for the	e year. Fo	llow these steps	:							_
		_		monthly income from	-			Co	py line 11	here=>		\$	469.61	
			,	,					.,			·—	100.01	
		Multip	ly by 12 (the num	ber of months in a ye	ear)						·	х	12	_
	12b.	The re	esult is your annua	al income for this part	t of the for	rm					12b.	\$	5,635.32	
13.	Calc	ulate t	the median famil	y income that applie	es to you	. Follow these s	teps:				l			
	Fill in	the st	tate in which you	live.		NC								
			-				- -							
	Fill in	the nu	umber of people i	n your household.		1					ſ			_
				me for your state and							13.	\$	45,469.00	
				edian income amount				in the sepa	arate instru	ctions	l			
			·	so be available at the	е рапктирі	.cy cierk's office.								
14.	How	do the	e lines compare											
	14a.		Line 12b is less Go to Part 3.	than or equal to line	13. On th	e top of page 1,	check box	1, There is	s no presui	nption of	abuse.			
	14b.		Line 12b is more	e than line 13. On the d fill out Form 122A-2		age 1, check box	2, The pr	esumption	of abuse is	determin	ed by I	⊏orm 1	22A-2.	
Part	3.	Sign	n Below	a IIII Out I OIIII 122/12										
				re under penalty of p	periury tha	t the information	on this st	atement an	d in any at	tachments	s is true	e and o	correct	
			•		orjary tria			atomorit an	a iii aiiy ac	aoi ii i i oi ii c) 10 truc	o ana v	5011001.	
)		Nancy Hoffman	<u> </u>										
			ncy Hoffman nature of Debtor 1	1										
	Date	•	01/2018	•										
			I/DD /YYYY											
		If you	checked line 14a	, do NOT fill out or file	e Form 12	22A-2.								
		If you	checked line 14b.	. fill out Form 122A-2	and file it	with this form.								

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcv_fo

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Middle District of North Carolina

In re	Nancy Hoffman Debtor(s)		Case No. Chapter	7			
VERIFICATION OF CREDITOR MATRIX							
The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.							
Date:	02/01/2018	/s/ Nancy Hoffman					
		Nancy Hoffman					
		Signature of Debtor					

Employment Security Commission P.O. Box 26504 Raleigh, NC 27611

Credit Bureau PO Box 26140 Greensboro, NC 27402

Affinity Federal Credit Union PO Box 621 Basking Ridge, NJ 07920

Ally Financial c/o Ally Servicing LLC PO Box 130424 Saint Paul, MN 55113

Bank of America - Credit Card Attn: Bankruptcy PO Box 982235 El Paso, TX 79998

CareCredit/Synchrony Bank PO Box 965061 Orlando, FL 32896-5061

Discover Bank Discover Products Inc. PO Box 30943 Salt Lake City, UT 84130

Forsyth County Tax Collector P.O. Box 82 Winston Salem, NC 27102

HSN/Comenity Bank Bankruptcy Dept. PO Box 183043 Columbus, OH 43218-2125

Internal Revenue Service Centralized Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101-7346 Kia Motors Finance
PO Box 20825
Fountain Valley, CA 92728-0825

NC Dept. of Revenue Bankruptcy Unit P.O. Box 1168 Raleigh, NC 27640

QVC Easy Pay PO Box 2254 West Chester, PA 19380

QVC/Synchrony Bank PO Box 965061 Orlando, FL 32896-5061

TJX Rewards/Synchrony Bank Bankruptcy Notice PO Box 965060 Orlando, FL 32896-5060

Wal-Mart/Synchrony Bank Bankrutpcy Notice PO Box 965060 Orlando, FL 32896